19. UNDERTAKER (Address)

Registrar.

If so, specify (Signed).

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	IA	A	A	3	1	1	L,				L,	L,	}	A	J		I	J	J	1	1	1	1	1.	1	1	1.	J	J	1.	1	1.	1.	1.	1.	1.	1	1.	,]	1.	1	7	7			((((ĺ		I	J	J	,	5	3	781	1 8 3	64	-		2	5			J	F	J)	E]		,	ľ)	,	3	E	J	İ	5	16	ľ]	ľ	V	1	1	£	E]	ľ	Ŋ	N	4.	E]		I		1	4	I		ľ	l	-	9	S	5			3	l	1	$\overline{\mathbf{C}}$	P]	I	H	1	ľ	I]	1	?		I	1	J	J		Į	Į	1	9	7	1	[I]			,	?
---	----	---	---	---	---	---	----	--	--	--	----	----	---	---	---	--	---	---	---	---	---	---	---	----	---	---	----	---	---	----	---	----	----	----	----	----	---	----	----	----	---	---	---	--	--	---	---	---	---	---	--	---	---	---	---	---	---	-----	-------	----	---	--	---	---	--	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	---	---	----	---	---	--	---	--	---	---	---	--	---	---	---	---	---	---	--	--	---	---	---	-------------------------	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	--	---	---

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. TARGIN RESERVED FOR BINDING mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09488
1. PLACE OF DEATH	(80)
County Levely Cures	Registration Dist. No. 253
Village or City Chilsles	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	
2. FULL NAME Chancey Cloud	U. S. Veteran, specify WAR
(a) Residence: No. (Subject of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEA 193 6
Sa. If married widowed or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Mary Elizabeth Clouge	22. WHEREBY GESTIFY That attended doreased from
6. DATE OF BIRTH (month, day, and year) 26 - 1852	I last saw h. alive on Synt 22 , 19 36; death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at
8 4 8 26 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Were as follows: Data of onset
kind of work done, as SPINNER, Adermout SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this prognation (month and this prognation).	600 00 1 Do M. 1021
SAW MILL, BANK, etc.	Tobes dos also 1931
SAW MILL, BANK, etc	· · · · · · · · · · · · · · · · · · ·
10. Date deceased last worked at this occupation (month and 9 3 0 spent if this occupation)	
() vear)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Church Cloudy 14. BIRTHPLACE (city or town)	
14, BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Maare Olough 16. BIRTHPLACE (city or town) - July lay &	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town). Augland	Accident, suicide, or homicide? Date of injury,19
∑ (State or country)	Where did injury occur?
17. INFORMANT / Augu & Clinia (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Struck Clase Ald 41936	Nature of Injury
70 Mariants	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) (Address)	It so, specify
8.1123 31 20.51	(Signed) Werry Till Surare
20. FILED LANGE 1956 . C. Registrar.	(Address) Sleaven 00
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis aac	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	10 H.M.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09489
	Registration Dist. No. 252
Village or City de Centraille	No. St Wa
Length of residence in city or town where death occurred 42 are	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Harry Dill	
(a) Residence; No. Centroille Mit	If U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE-at Margaret Lister Diel	22. I HEREBY CERTIFY, That I attended deceased for the state of the st
6. DATE OF BIRTH (month, day and year) March 1-1876	l last saw h alive on, 19; death is s
7. AGE Years Months Days If LESS than	
60 6 8 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of on
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Here During
work was dona, as SILK MILL,	ture been
10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Allaware	Other Contributory Canses of Importance:
(State or country)	- fully where
13. NAME William Cleik	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Sadie Kandon	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Plawar	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mas Harry Dell (Address) Centravelle, Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Place Centrevelle Date Sept 11, 19.3	Manner of injury
19. UNDERTAKER Darton Birk	24. Was disease or injury in any way related to occupation of deceased?
(Address) Centrevelle Met -	It so, specify gett est Thompson, Coron
20. FILED DEpt. 11, 1936 ITlamis & Bright	(Signed)
Local Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
H PARALLY.	S		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(6

	N S	,
DISTORT ATO T OTHER PARTY AND ATTENTION	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	mation should be carefully supplied. AGE should be stated EXACTLY.
1	IS A P	stated
1	THIS.	ld be.
	INK	E shou
74 144	DING	J. AG
-	UNF	supplie
	WITH	efully
	INLY,	be can
	E PLA	plnods
	-WRIT	mation

PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

pe of

certificate.

TION is very important. See instructions on back

CAUSE OF DEATH in plain terms, so that it may

-WRITE PLAINLY

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (19491)
1. PLACE OF DEATH	940
County Luceps Clynn	Registration Dist. No. 25-1
Village or City Church Hell	NoSt,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME It Olians Thompson	Da November WAR
(a) Residence: No. Church Hill	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Security of the security	21. DATE OF DEATH Seft. 25 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cruie Easeckson	22. I HEREBY CERTIFY, That I attended deceased from 24 1978 to 1978
6. DATE OF BIRTH (month, day, and year) Opul 19187/	I last saw h alive on Sefath 24 , 19 33; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
99 3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Augura Peatoris
SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL would Parameter SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and a specific parameter) this occupation (month and a specific parameter).	<u>O</u>
11. Total time (years) this occupation (month and a good spant in this occupation.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Cities Conditionary Causes of Importance.
(State or country) Lucen and Con. And.	
14. BIRTHPLACE (city or town)	<i>L</i>
4 14. BIRTHPLACE (city or town) (State or country) Lucan and Constant	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Sarah Matikala Thompson 16. BIRTHPLACE (city or town)	Z3. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) Lucen ann Co. Ind.	Where did injury occur?
17. INFORMANT Mus anning Earlesson (Address) Church Will and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place entre Date Sept. 27,193 6	Manner of injury
19. UNDERTAKER Tome H. Good and.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED July 36 7/2 A. Goard. Registrat.	(Signed) M. D. (Address) Surfuentle Mide

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUNE	north.	(
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
--------------	------	-----	----------------	------------	----	----------	---

STATE OF MARYLAND—CERTIFICATE OF DEATH

PHYSICIANS should state

mation should be carefully supplied. AGE should be stated EXACTLY.

N. B.-WRITE PLAI

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be

UNFADING INK-THIS IS A PERMANENT

JARGIN RESERVED FOR BINDING

of OCCUPA-

Exact statement

properly classified.

1. PLACE OF DEATH	2511
	Registration Dist. No. St., Ward No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Susie Faulkne (a) Residence: No. Susannich Me (Usual place of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write the word) Widowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W 19 7. Faulkense	22. I HEREBY CERTIFY. That nattended deceased from
6. DATE OF BIRTH (month, day, end year) May 12-1852 7. AGE Years Months Days If LESS than	I last saw h alive on
84 4 10 1 day,hrs	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW, etc	alie Al Gession
10. Bete deceased last worked at this occupation (month and year) spent in this occupation worked at this occupation (month and year) spent in this occupation occupation (State or country)	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation Date of What test confirmed diegnosis? Wes there an autopsy? N
15. MAIOEN NAME Sphea Slaughter 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs Bassie Faulture (Address)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Leuteville Date Left 25, 197	Manner of injury
19. UNDERTAKER By gelon Buton Buton (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9 - 24, 1936 Therm alfrid	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALLEENI V.			
Other contributory causes of importance:		Other contributory causes of importance:	2 100
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH US492
1. PLACE OF DEATH	92-0
County Juleu Ussue	Registration Dist. No. 254
Village or City Grasosville	NoSt,Ward
Length of residence of city or town where death occurred 5 / yrs. 60 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mannie (O. Jou	l d
(a) Residence: No. as above	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Color or RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mogth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alak A Dould	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 31 - 1884	I last saw harmalive on 1936, to 193 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.05 Q.m.
51 10 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House wife SAWYER, BOOKKEEPER, etc.	And Andrews
✓ 9. Industry or business in which	mural pelloses
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 9 3) spent in this occupation occupation	
0 .00	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) 4 album (State or country) Md	17.60
13. NAME That Welson	www.
13. NAME That Welson 14. BIRTHPLACE (city or town) Grassmelle	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
H 15. MAIDEN NAME DIESIA C. Gerry	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Serie & Getter 16. BIRTHPLACE (city or town) Went Soland (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT // LONA & Could Market Could M	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place fould law Date Dept. 8-,1936	Nature of injury
19. UNDERTAKER Mrs. annie W. Eddins (Address)	24. Was disease or injury in any way related to occupation of deceaged?
20. FILED Sept: 7, 1936 Helen M. Clandy	e (Signed) N Co My M. D.
If more blanks are needed, address State Registrar	(Address) JO VOLUME STATE Relimons Remarks TI S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TUPEAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V.S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT FACED. Every item of infor-

	i minici Entre	-CERTIFICATE	OF DEATH	1111100
1. PLACE OF DEATH County Ture of Al	uus	gras	Registration Dist. No. 2	53433
Village or City Little	sville	No.	St., tion, give its NAME instead of street a	Ward number)
Length of residence In city or town where de	eath occurredyrs,m	osds. How long In U.S. if o	f foreign birth?yrs	mosds.
2. FULL NAME / Marga	ret Huch	If U. S. Veteran,	specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town	and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL C	ERTIFICATE OF DEAT	Н
Essex 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193. (Year)
ia. If married, widowed, of divorced HUSBAND of (or) WIFE of William	Huies	22. aug. 10	CERTIFA That I atten	ded deceased from
6. DATE OF BIRTH (month, day, end year)	N. 28-1880	I last saw Dic alive on	Sept. 12 ,19.	6; death is said
7. AGE Years Months	Days If LESS than 1 day,hr	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:	ed ebove, atfm. TH and related causes of importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	touse worke	arterio de	nopis	Date of ones
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		avria	Skewsis	1935
10. Date deceased last worked at this occupation (month and year)	93 11. Total time (years) spent in this occupation	Other Contributary Causes of impo	ortance:	Co
12. BIRTHPLACE (city or town) (State or country)	linge Co	corvi an 7	Twombors	1936
13. NAME Elejafuc	Juruer	, and a		
14. BIRTHPLACE (city or town) (State or country)	and anne	Name of operation	Date Was there	of
15. MAIDEN NAME Elizast	oney		uses (VIOL ENCE) fill in also the follo	
16. BIRTHPLACE (city or town) Occupant	in theme o	Accident, suicide, or homicide? Where did injury occur?	Date of injury	
17. INFORMANT Charles (Address) Warrendown	Querger	Specify whether injury occurred i	(Specify city or town, county and n INDUSTRY, in HOME, or in PUBLIC	State) C PLACE.
18 BURIAL, CREMATION, OR REMOVAL	- Oate Sept 16, 493	Manner of Injury		
19. UNDERTAKE Thom (Address)	cake mid	24. Was disease or injury in any v	vay related to occupation of deceased	17
20. FILED PAT 14, 1936 7.	Morris S Registrar.	(Signed) (Address) & C	veus ulle	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
And the last of th	. L.		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	DDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---	-----------	-----------	---------	------------	----	-----------

	YSI	sta
N. J.C.	. PH	Exact
-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT MICK.	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta
IS A	state	prop
HIS	be	pe
NK-TI	plnods	it may
ING I	AGE	o that
UNFAD	upplied.	terms, s
WITH	efully s	in plain
IINEY,	be can	EATH
E PL	should	E OF L
-WRIT	nation	CAUS

certificate.

back

See instructions on

very important.

TION

OCCUPA.

ement

item of should

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. O ueew. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos._ _ If U. S. Veteran, specify WAR_ (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE (Month) (Oey) (Year) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dev. and year) 7. AGE Years Months **Oavs** I day,hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance or____min. were as follows: Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.___ ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and occupation ... year) -----(State or country) FATHER Name of operation 14. BIRTHPLACE (city of town) (State or country) What test confirmed diegnosis? MOTHER 15. MAIOEN NAME 23. If deeth was due to external causes (VIDL ENCE) fill In also the following: Accident, suicide, or homicide?______ Date of injury______, 19_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury Place Nature of injury. 24. Was disease or injury in any way related to occupation of deceesed 19. UNOERTAKER (Address) If so, specify (Signed). (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	34
County Luceus anne	Registration Dist. No. 2 2
Village or City No Stare	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
1 : 00 70 11	0 (
12 01 Ct. 201	
(a) Residence: No. () See Cuy Cuy Cuy at Jacob (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH
made while married	(Month) (Day) (Year)
5a. If married, widowed, or divorced Preve Lohite Me Drowneld (or) WIFE of Color Preve Lohite Me Drowneld	
6 DATE OF BIRTH (month, day and year) Oct 27-1892	
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9: 45 An.
1/3 10 11 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
Trade profession or particular	were as follows:
kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Luclie aorlilis Sept 1935
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end spent in this	
this occupation (month end spent in this occupation	
Easton	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
# 13. NAME Gerenick me Domiele	
13. NAME JERNIEL ME DIMILLE 14. BIRTHPLACE (city or town).	Name of operation Date of
(Stete or country) J-Kelaua	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Margaret me Gee	23. if death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Margaret Me Goe 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Oaralus Co. Med	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Jerewick ne Oomweel	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) of Lucie Ciere Star, Med	
18. BURIAL, CREMATION, OR REMOVAL Date Sept 14 1936	Manner of injury
Place Jacob	Nature of Injury.
19. UNDERTAKER Sally Jakes (Address) Post Acuele, MA	24. Was disease or injury In any way related to occupation of deceased?
and left 14 mas Thomas & Bright	(Signed) Au Thirth M. D.
20. FILED DOLOT 14., 1936 / Camu D. Graft.	(Address) Leuton Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

item of infor-

PHYSICIANS should state

AGE should be stated EXACTLY.

properly classified.

pe

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.—WRITE PLAINEY,

WITH UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

of OCCUPA-

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis EIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 3 1935	July 5,1927	Peritonitis	3 days ago
MIREAU V. S.	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

中部一	SIAIL	OF MARYLAND
sta JP/	1. PLACE OF DEATH	
ould OCCI	County Keens are	ues
= =	Village or City Julius	treve
		18
Every MANS ment	Length of residence in city or town where	death occurred yrs
CIA	2. FULL NAME CLA	M. Margare
D. Every rSICIAN statement	(a) Residence: No. a a	hore 1
	PERSONAL AND STATIST	(Usual place of abode)
hzcc PE Exact	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED
T	Famela White	OR DIVORCED (write the word)
NEN CTL sifed.	5e. If married, widowed, on divorced	Coladina
RMANEN X A C T I classified	HUSBAND of James	norgan
EXA EXA ly class		1017
E E	6. DATE OF BIRTH (month, day, end year)	une 2 - 1861
	7. AGE Years Months	Days If LESS that 1 day,
IS A stated proper certific	67 2	ormin.
HS be	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Howeverle
H	4 9. Industry or business in which	
vK—T) should it may n back	CAW MILL DANK etc.	• · · · · · · · · · · · · · · · · · · ·
	10. Date deceased last worked et this occupation (month and	3 C 11. Total time (years) spent in this
	year)	occupation 75
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	K Have
FAI ied. ns, tru	(State or country)	1 /1
	H 13. NAME Jaku III	2/100
y sulain t	14. BIRTHPLACE (city or town) (State or country)	sel Hall
		+ 1/211
careful TH in portant.	H 15. MAIDEN NAME	a penseu
	16. BIRTHPLACE (city or town)	•
	Mis a Galdin	m. margau
LA uld D ry	17. INFORMANT (Address)	and and me
E PLA should OF D	18. BURIAL, CREMATION, OR SEMOVAL	1 1 1
	Place Chester,	2 Date Jept 4, 196
-WRIT mation CAUSI TION	10 MARTINE / Santon.	Bras
TEOF	19, UNDERTAKER	Augh W

STATE OF MARYLAND—CERTIFICATE OF DEATH 09496

(131)			-11
	Registration Di	st. No.	54
No			
NONo	n, give its NAME is	nstead of street a	nd number)
ds. How long in U.S. if of t	foreign birth?	yrs	_mosds.
If U. S. Veteran, s			
St Ward.	peerly wanter		
St., ward.	If nonresident giv	ve city or town	and State
MEDICAL CE	RTIFICATE	OF DEATH	1
21. DATE OF DEATH	0	-07	,
	7	2	, 193
	(Month)	(Day)	(Year)
22. I HEREBY	CERTIFY	That I attend	ded deceased from
, 1	9 to		, 19
I last saw II alive on		, 19	; death Is said
to heve occurred on the date stated	above, at 4,00	£m.	
The PRINCIPAL CAUSE OF DEATH		of importance	
were as follows:			Date of onset
1	,		
Chara-St	1 Sopolored		
Clar Inferest	teal m	esteste.	2
Can mon	asditt	1/2	
Serminlal.	lesen	neal	
Other Coutributory Causes of Import	anco:		
Other Courses of Hilborn	ancs.		
- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
Name of operation		Date o	- 4
What test confirmed diagnosis?	ember	Was there	an autopsy
23. If death was due to external cause	es (VIOLENCE) fill I	n also the follo	wing:
Accident, suicide, or homicide?	Da	te of Injury	, 19
Where did injury occur?			
Specify whether injury occurred in	(Specify city or to INDUSTRY, in HOM	wn, county and E. or in PUBLIC	State) PLACE.
Manner of Injury			
manner of injury and a second			
Matura of injury			
			N -
Nature of injury 24. Was disease or injury In any way			N -
			N -
24. Was disease or injury In any way			no

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related cause of importance were as follows: Arterioselerosis	S Date of onset	The principal course of death and related causes of importance were as follows:	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Ran over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA-

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 09497		
1. PLACE OF DEATH		23		
county Ouen an.	, ,	Registration Dist. No. 250		
1 10 . 9/	01/2000	/)		
Village or City	in war	Mord death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death	7. /-	ds. How long in U.S. if of foraign birth?yrsmosds.		
2. FULL NAME Daniel	Prins			
1 11	1111 11 11			
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH		
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
mal 6	OR DIVORCED (write the word)	Defor 29 193 6		
5a. If married, widowed, or diverced	/ Lacroco,	(Month) (Day) (Year)		
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from		
The same of the	ne	July 15, 1936, to Sept 29, 1936		
6. DATE OF BIRTH (month, day, and year) False	4 1914	I last saw h alive on Mast 18 193 6; death is said		
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 10 Pm.		
27. 1	2.3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:		
8. Trada, profession, or particular	o to position.	Date of one at		
kind of work dona, as SPINNER, -a.	me Worll.			
9. Industry or business in which		(celmonas) berenton 3		
work was dona, as SILK MILL, SAW MILL, BANK, etc		January		
O TO. Date deceased last worked at this occupation (month and	11. Total time (yeers) spent in this			
year)	occupation			
12. BIRTHPLACE (city or town)		Other Contributory Causes of importanca:		
(State or country)				
13. NAME To harles of	ici			
13. NAME To forces of 14. BIRTHPLACE (city or town)				
14. BIRTHPLACE (city or town) 11. (State or country)		Nama of operation Data of		
	ronex.	Whet test confirmed diagnosis? Wes there an eulopsy?		
15. MAIDEN NAME MOY. Q 16. BIRTHPLACE (city or town)	a va	23. If daath was dua to external dausas (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	F	Accident, suicide, or homicide? Data of injury, 19		
(State or country)		Whare did injury occur? (Specify city or town, county and State)		
17. INFORMANT & failed finel		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) Successed 7	my 11-D			
18. BURIAL, CREMETION, OR REMOVAL	rat 11 m	Manner of injury		
Place 1 Da	ata O C 4 , 19 3 4	Nature of injury		
19. UNDERTAKER Wallin A .	Berry Tr.	24. Was disease or Injury in any way related to occupation of deceased?		
(Address) Wifford D	4.1	If so, specify		
20. FILED Left 30, 1936 Same	is P. Karolte	(Signed) hale Holles for M. D.		

Uf more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

PHYSICIANS should state

	CERTIFICATE OF DEATH 09498
1. PLACE OF DEATH	119
County County of County	Registration Dist. No. 23
Village or City Color (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Afkert Eugene	Oth Spiritoreny WAR.
(a) Residence: No Selectesh. There	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3,SEX 4. COFOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Single, MARKEL, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	Û (CO)
(or) WIFE of SUS Pub	22. I HEREBY CERTIFY, That t ettended decessed from
6. DATE OF BIRTH (month day and veer) succes 22	Mast saw MM elive on Seht 1 1936 death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were a follows:
8. Trade, profession, or particular kind of work done, as SPINNER, // SAWYER, BOOKKEEPER, etc.	leo Calites Date of orget
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	
10. Date deceased last worked at this occupation (month end year)	
	Differ Coutributory Cause of importance:
12. BIRTHPLACE (city or town) (State or country)	1 1 1 Mayen Can Jacon and Or of
13. NAME COEPA D'ENLEGEE	
14. BIRTHPLACE (city of town)	Name of operation
(State of Coulet)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State op-country)	Accident, sulcide, or homicide?
We contained the	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Centrerille Date Sept. 3, 193	Nature of injury
19. UNDERTAKER AM. A. Good	24. Was disease or injury in any way related to occupation of deceased?
(Address) Church Kill Fud	If so, Specify
20. FILED Sept 2 19 3 & Watt - Good	(Strong) well. S. Reell 7M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		10 M
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	N====
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(A)
F 1	County CA.	Registration Dist. No. 254
	Village or City Storown will	No. St., Ward
= .	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city of town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
Cond. Every PHYSICIANS act statement	2. FULL NAME OF DIVILLA	If U. S. Veteran, specify WAR
YSI YSI star	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3, SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	OR DIVORCED (write the word)	DP 15 193 C
ING NENT CTL 1 ified.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDING PERMANEN EXACTI y classified.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
NE X A A A A A A A A A A A A A A A A A A	9	, 19, to, 19, 19
BI BI E E	6. DATE OF BIRTH (month, dey, and year)	I last saw h; death is said
F 7 0	7. AGE Years Months Days If LESS than 1 day,	to hava occurred on tha data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR IS A stated proper	ormin.	were es fotiows:
	8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	S. C.
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	of all orth
ERVI NK—T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SE INK Sh it on	10. Date decessed fast worked at this occupation (month and spent in this	
	this occupation (month and spent in this occupation occupation	Other Castributory Causes of importance:
NFADING plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	V MINION CONTRACTOR OF THE CON
ed.	(State or country)	
UNFADIT Supplied. n terms, so ee instructi	13. NAME CHUST STOUTH Smith	
	14. BIRTHPLACE (city or town)	Name of operation Date of
ITH illy st plain . See	(State of country)	What test confirmed diagnosis? Wes there an autopsy?
	15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
AINLY, d be can DEATH y import	(State or country)	Where did injury occur? (Specify city or town, county and State)
JA JU	17. INFORMANT Thes! Quick	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) 18. BURIAL CREMATION, OR REMOVAL	Manage of Lefters
TE n sl	Piece Grasomille Date Lept. 16,36	Manner of Injury
-WRITE mation s CAUSE TION is	7	Neture of injury
CA	19. UNDERTAKER (Address)	24. Wes disease or injury in any way related to occupation of deceased?
. B	at to 21 - floor in And	If so, specify
ż	20. FILED Deft 1936 Ween III, Ware	(Address) Slevers ville
		411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	, control of the cont
7	

1. PLACE OF DEATH

PERSONAL AND STATISTICAL

Months

2. FULL NAME (a) Residence: No.

5a. If married, wide HUSBAND of (or) WIFE of

7. AGE

OCCUPATION

FATHER

MOTHER

6. DATE OF BIRTH (month, day, and year)

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.___

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc....

10. Date deceased last worked at this occupetion (month and

12. BIRTHPLACE (city or town

15. MAIDEN NAME

13. NAME

17. INFDRMANT

19. UNDERTAKER

20. FILED DE

(Address)

(State or country)

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

Years

0	(92-0)
Co	Registration Dist. No. 252
	No. St. Ward
// /	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
urredyrs.	ds. How long In U.S. if of foreign birth?yrsmosds.
uper of home	If U. S. Veteran, specify WAR
	St., Ward. If nonresident give city or town and State
Jsual place of abode) PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GLE, MARRIED, WIDOWED,	21. DATE OF DEATH
DIVORCED (write the word)	2. DATE OF DEATH OF 193 6
carries -	(Nonth) (Day) (Year)
1.01	22. \ I HEREBY CERTLEY, Thet i attended deceased from
* Homes	7 d. 12 1033 10 dept. 3 1936
412-1864	i last saw h. 1 alive on lout. 2 1936; death is said
Days If LESS than	to have occurred on the date stated above, at 8.30 Å m.
I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin.	were es follows:
	Mester hybrides Harshan
. /	and had
eurge -	Pringry Course : Corebral be overhades
11. Total time (years) spent in this	0 12 40 0 0 40
occupation	Other Contributory Causes of importence:
<u>_</u> ,	One countries of importance.
are	When Helion
allins	
air	Neme of operation Dete of
are	What test confirmed diagnosis? Was there an autopsy?
Nas ken	23. If death was due to external causes (VIDL ENCE) fill in elso the following:
	Accident, suicide, or homicide?Date of injury19
ware	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
Hardle Il	Specify whether mjury occurred in INDUSTRY, in INDUE, of in Public Place,
()	Menner of injury
Seft 5 ,1936	Nature of injury
1,	
The state of the s	24. Was disease or injury in eny way related to occupation of deceased?
00.11	(Signed) M. D. M. D.
D. Gright	
Local Kegistrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

certificate. UNFADING INK-THIS jo See instructions on back so that mation should be carefully supplied. CAUSE OF DEATH in plain terms, very important. -WRITE PLAI TION is B.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OCT 3 1 4. 5.			
Other contributory causes of importance		Other contributory causes of importance:	EU =//
Gallstones	May 1,1923	Gastroenteritis	1 year
	Ž		2 900

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-----------	---------	------------	----	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. D. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT N. B.-WRITE PLA

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	0950
County Julean Classic	Registration Dist. No. 252
Village or City Leen Chris	NoSt.,Wa
1 0	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME LOSIG	uson
(a) Residence: No.	USI Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	1936
and calout I to	Month) 2 S (Day) P (Year)
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased to
(or) WIFE of	on Selt 26-19 3610 - 19
DATE OF BIRTH (month, day, and year) July 20 - 1936	I last saw her alive on Soft 764 , 1936; death is s
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ratated causes of importance were as follows:
8 Trada profession or particular	were as follows: Oate of on
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Loca mouth.
9. Industry or businass in which work was done, as SILK MILL,	
SAW MILL, BANK, atc.	
year)occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Clerch Lune	A Deorghald
(State or country)	kg,
13. NAME Supply Milas 14. BIRTHPLACE (city or fown) The Company of	
14. BIRTHPLACE (city of Jown) Luce Com	Name of operation Data of
(State of county)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town). Baltistore	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Baltmarel	Accident, suicida, or homicide?
(State or country)	Whera did injury occur?
7. INFORMANT Lattel and Wilson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) B. BURIAL, CREMATION, OR RENOVAL	
Place Place Date 199 19	Manner of injury
12 + 12.	Nature of injury
9. UNDERTAKER Daries drie	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Controver, Ma	If so, specify The 19
20. FILEO Sept. 28, 1936 Manie S. Bright	(Signad) 4 OF N
Acal Registrar.	(Address) Susan Umut

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	[Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsh	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Na3AI-	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	ISICIAN
--	---------